City of Reading

Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

report of receipts and exp	enditures are true and correct.	
	4/1/1/2_	2/1/16
Edward L. Perkins		21116
Printed Name	Signature	Date

I verify that the information in this Campaign Finance Disclosure Statement and attached

12016 Br. mak

Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

PAGE 1 of 5

Filer Identificatio	on	(Note: 1)	Rep	ort Filed I		Candida	THE RESIDENCE OF THE PERSONS		Committee		Lobbyist
Name of Filing Co Lobbyist	ommittee, Ca	ndidate or	3 1047-14-230-3	ends of \	Wally	Scott				nemologynosensi [* *)	CHROSIN SAMMANN
Street Address			100	S NI OHA	St.						
City	Readin	a	106 N. 9th St.			State	PA		Zip Code	19601	
Type of Report (P		THE RESERVE AND ADDRESS OF THE PARTY OF THE	科尼亚			CENTRAL WORL					
	A STATE OF THE STA	3- 30 Day Post	a ct	Tuesday	F 2 ⁿ	d Friday	6-30	Day Post	7- Annual	Special 2 nd Friday	Special 30 Day
A SECTION AND DESCRIPTION OF THE PARTY OF TH	2- 2 Friday Pre-Primary	Primary	STATE OF THE STATE	Election	THE REAL PROPERTY.	Election	Elect		7- Allilual	Pre-Election	Post-Election
						TO BE COME TO SERVE	Г				
	Example of the control of the contro			ADMINISTRATION OF THE	L		AN - 2000 EN	M5 • Supplement • Only		In-amount of the second	
Date Of Election (MM/DD/YYYY)		11/03/2015	Yea	r	201	15	Repo	ndment ort		Termination Report	
Summary of Reco	eints and	From Date		To Dat	CONTRACTOR OF THE PARTY OF THE				For	Office Use Only	
Expenditures	cipis una	Hombatc		10 But						omee ose om,	
		11/24/2015			1/2015	5					
A. Amount Broug	ght Forward F	rom Last Repor	t	\$	1	743.10					
B. Total Monetar	ry Contributio	ons and Receipts		\$	Ι,	143.10					
(From Schedule I)				2,	025.00					
C. Total Funds Av				\$	2	760 40					
(Sum of Lines A a				\$	٥,	768.10					
(From Schedule I				7		0.00					
E. Ending Cash B				\$	1 20	50055000 S0055	ĺ				
(Subtract Line D F. Value of In-Kir	KALENDA SHOWN	Did		4	3,	768.10					
(From Schedule I		ons Received		\$		0.00					
G. Unpaid Debts		ons		\$		SOURCE OF THE PROPERTY OF THE					
(From Schedule I	IV)				8,	695.77					
Part 1- If this is a Co	ammittaa rana	rt transurar sign k	oro If	this is a Co	-0.1	Affidavit Se		ta sign here			
										true, correct and compl	ete.
Sworn to and subso	cribed before n	ne this					11/	///			
day of <	February	20 16	_	• 1			// (
day of_s	Cita	l					dwor		of Person Sub	mitting report	
		OF PENNSYLV				· <u>-</u>	uwai	d L. Perk	Printed Nar	ne	
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My Commission ex M. THEF M	RESA CURE	NBAUM Notary	ublic			<u> </u>	Area Co		-	aytime Telephone Numb	oer
My Com	edia Boro., D	elaware County	2046			zastorba zastorba					
Part II- If this is a re								nt violated as	ny provisions o	f the Act of June 3, 1937	(P I 1333 NO 320) as
amended.	mar to the bes	t of my knowledge	and D	ener uns p	Jinicai (-Smillittee	. 1145 110	, violateu di	, provisions 0	e rice of June 3, 1937	,
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day of	FEBRUAR	20/6	<u> </u>	١.		-		Cir	gnature of Cand	the to	
Manga	Ann J	torres	_	1	•	<u>V</u>	Vally	Scott	griature of Caric	nigite	
1	Signature	1		٦,					Printed Name	9	
My Commission ex	opires_3/	24/201	12	20 100			(61	0)	_77	72-3191	
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			COM	MONWEA	TH OF	PENNSY	LVANI	A			
			Nanc	v Ann Rive	lotarial S era-Tor	res, Notar	y Publi	с			
				City of Re Commission	ading, E	Berks Coun	LY				
		M	EMBER	, PENNSYLVA	ANIA ASS	OCIATION C	F NOTA	RIES			

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number

PAGE 2

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor		
Total for the reporting period (1) \$	0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		0.00
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period (2) \$	0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	2,025.00
Total for the reporting period (3) \$	2,025.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4) \$	0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ t	2,025.00

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

PAGE 3

Filer Identification Number	
The facilities of its indirection	

Full Nam	ne of Contrib	utor						Date [MM/D	D/YYYY]	\$	
								10/00/00/15			
House #		Chun	Ubaldo :	Sanchez				12/30/2015 Date [MM/D		\$	300.00
nouse #		Stree	et Address					Date [WIWI/D	נווווע	2	
City				State		Zip Code		Date [MM/D	D/YYYY]	\$	
Employe	er Name			Cun an Na	tural De			Occupation	C		
Employe	er Mailing Ad	dress	1	Super Na	ilurai Pr	oduce			Grocer		
	l Place of Bus			1350 121	h St., R	eading, PA	19604	580			
Full Nam	ne of Contrib	utor						Date [MM/D	D/YYYY]	\$	
			IZallia I Ia	.ee							
House #		CAU	Kelly Hu	111				12/31/2015 Date [MM/D		\$	500.00
nouse #		stre	et Address					Date [WW/D	ווווןט	7	
	4305			Sylvan Dr	ive						
City				State		Zip Code		Date [MM/D	D/YYYY]	\$	
	Reading				PA		19606				
Employe				0-14 5				Occupation	D	0	
Employe	er Mailing Ad	dress	,	Self-Emp	ioyea				Property	Owr	ner
	l Place of Bus			4305 Syl	van Dri	ve, Reading,	PA 19606				
Full Nan	ne of Contrib	utor						Date [MM/D	D/YYYY]	\$	
Full Nan	ne of Contrib	utor								\$	400.00
								12/30/2015			400.00
Full Nan			et Address							\$	400.00
			et Address	Gordon S	t.			12/30/2015			400.00
			et Address	March 1 00 March	t.	Zip Code		12/30/2015	D/YYYY]		400.00
House #	832		et Address	Gordon S		Zip Code	19601	12/30/2015 Date [MM/D	D/YYYY]	\$	400.00
House #	832 Reading		et Address	Gordon S	t. PA	Zip Code	19601	12/30/2015 Date [MM/D	D/YYYY]	\$	400.00
House #	832 Reading	Stre		Gordon S		Zip Code	19601	12/30/2015 Date [MM/D	D/YYYY]	\$	400.00
House # City Employe	832 Reading	Stre		Gordon S		Zip Code	19601	12/30/2015 Date [MM/D	D/YYYY]	\$	400.00
House # City Employe Employe Principa	832 Reading er Name	Stre		Gordon S		Zip Code	19601	12/30/2015 Date [MM/D	D/YYYY]	\$	400.00
House # City Employe Employe Principa	832 Reading er Name er Mailing Ad I Place of Bus	Stre		Gordon S		Zip Code	19601	12/30/2015 Date [MM/D Date [MM/D Occupation	D/YYYY]	\$	
House # City Employe Employe Principa Full Nan	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre	/	Gordon S State		Zip Code	19601	Date [MM/D Occupation Date [MM/D	D/YYYY] D/YYYY]	\$	825.00
House # City Employe Employe Principa	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre		Gordon S State		Zip Code	19601	12/30/2015 Date [MM/D Date [MM/D Occupation	D/YYYY] D/YYYY]	\$	
House # City Employe Employe Principa Full Nan	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre	/	Gordon S State		Zip Code	19601	Date [MM/D Occupation Date [MM/D	D/YYYY] D/YYYY]	\$	
House # City Employe Employe Principa Full Nan	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre	/	Gordon S State		Zip Code	19601	Date [MM/D Occupation Date [MM/D	D/YYYY] D/YYYY] D/YYYY]	\$	
House # City Employe Principa Full Nan House #	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre	/	Gordon S State			19601	Date [MM/D Date [MM/D Date [MM/D Date [MM/D	D/YYYY] D/YYYY] D/YYYY]	\$ \$	
House # City Employe Principa Full Nan House #	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre	/	Gordon S State			19601	Date [MM/D Date [MM/D Date [MM/D Date [MM/D	D/YYYY] D/YYYY] D/YYYY]	\$ \$	
House # City Employe Principa Full Nam House # City	Reading er Name er Mailing Ad I Place of Bus ne of Contrib	Stre Idress siness utor	/ et Address	Gordon S State			19601	Date [MM/D Date [MM/D Date [MM/D Date [MM/D Date [MM/D	D/YYYY] D/YYYY] D/YYYY]	\$ \$	
House # City Employe Principa Full Nan House # City Employe Employe	Reading er Name er Mailing Ad I Place of Busine of Contrib	Stre Idress siness utor Stre	et Address	Gordon S State			19601	Date [MM/D Date [MM/D Date [MM/D Date [MM/D Date [MM/D	D/YYYY] D/YYYY] D/YYYY]	\$ \$	

SCHEDULE IV

Statement of Unpaid Debts

PAGE 4

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:		

Name of	Creditor	Blind Ha	artman's Tavern					Ou	itstanding Balance of Debt	
House #		Street Address		DATE DEBT INCURRED [MM/DD/YYYY]						
	2910		Pricetown Rd.		10/31/		YYYYJ		2	
City	2910		Filetowii Na.	State		Zip				
Danasiati	(D-la	Temple)		PA	Code	19560		1,131.65	
Descripti	ion of Debt	Cockta	il Party Fundraiser							
Name of	Creditor							Ou	utstanding Balance of Debt	
House #		Street Address	Cynthia A. Castner				NCURRED	\$		
	1611		Cleveland Ave.		[MM/DD/YYYY] 10/26/2015					
City	1011			State		Zip				
Docarint	ion of Debt	Wyomi	ssing		PA	Code	19610		291.47	
Descripti	on or pept	Compa	ian Door Hangara						A	
Name of	Creditor		ign Door Hangers		-			O	utstanding Balance of Debt	
House #		Street Address	A. Castner		DA	TE DEBT II	NCURRED	\$		
		Street Address				[MM/DD/				
	1611		Cleveland Ave.		11/02					
City		Wyomis	ssing	State	PA	Zip Code	19610		881.87	
Descript	ion of Debt		Slate Cards							
Name of	Creditor							O	utstanding Balance of Debt	
House #		Street Address	A. Castner		DA	TE DEBT I	NCURRED	\$		
						[MM/DD,	/YYYY]			
City	1611		Cleveland Ave.	State	10/02	/2015 Zip				
		Wyomi	ssing	Juice	PA	Code	19610		79.00	
Descript	ion of Debt	Tiekete	for Fundraiser							
Name of	Creditor		ior Fundraiser		***************************************			0	utstanding Balance of Debt	
House #		Met-Ed Street Address			DA	TE DEBT I	NCURRED	\$	T	
		Street Address				[MM/DD				
611			PO Box 16001	5: .	10/14	/2015				
City		Readin	g	State	PA	Zip Code	19612		111.78	
Descript	ion of Debt			, l						
Nama	Creditor	Electric	Bill					0	utstanding Balance of Debt	
		The Part of the Control of the Contr	jo Tejada			TE DEST	NCURRER			
House #		Street Address				[MM/DD	NCURRED /YYYY]	\$		
	237		S. 5th St.		11/01	/2015				
City		Doodin	a	State	PA	Zip Code	19602		700.00	
Company of the Compan			CI.		EA		1900/	1000000	100.00	
Descript	ion of Debt	Readin	9		1171	Cour		10000		

SCHEDULE IV

Statement of Unpaid Debts

PAGE 5

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Name of Credito							Outst. "	Balana (a
	Iviatilde	R. Sotomayor						Balance of Debt
House #	Street Address			A CONTRACTOR OF THE PARTY OF TH	E DEBT INC		\$	
3		Spring Valley Rd.		02/06/2				
City			State		Zip			
	Readin	ng		PA	Code	19605	2,500.0	00
Description of D		of Contribution						
Name of Credito	or	Advertising					Outstanding	g Balance of Debt
House #	Street Address				E DEBT INC		\$	
				[N	MM/DD/YY			
600		East Neversink Rd.	Chris	11/24/2		1	_	
City	Readin	g	State	PA	Zip Code	19606	3,000.0	00
Description of D		-		-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Campa	ign Advertising						
Name of Credito	THE RESERVE OF THE PARTY OF THE						Outstanding	g Balance of Deb
House #	Street Address				E DEBT INC		\$	
				[1	MM/DD/YY	YYY]		
Cit			6.		71			
City			State		Zip Code			
Description of D	Debt							
Name of Credit	or						Outstanding	g Balance of Deb
House #	Street Address			DATI	E DEBT INC	URRED	\$	
	en eet Address			A	MM/DD/Y			
	The state of the s		State		Zip Code			
City			THE RESERVE OF THE PARTY OF THE	WI .	coue	4	100 (000)	
	Debt				-			
Description of [- <u>Se</u>						
City Description of I Name of Credit		· .					Outstandin	g Balance of Deb
Description of [TE DEBT INC		Outstanding \$	g Balance of Deb
Description of I	or				TE DEBT INC			g Balance of Deb
Description of I Name of Credit House #	or		Charles		MM/DD/Y			g Balance of Deb
Description of I Name of Credit House #	or		State					g Balance of Deb
Description of Description of Description of Credit House # City	Street Address		State		Zip			g Balance of Deb
Description of Descri	Street Address		State		Zip		\$	
Description of I	Street Address		State		Zip		S	
Description of I Name of Credit House # City Description of I	Street Address		State	DAT	Zip Code	CURRED	\$	
Description of I Name of Credit House # City Description of I	Street Address Debt		State	DAT	Zip Code	CURRED	S	g Balance of Deb
Description of I Name of Credit House # City Description of I	Street Address Debt		State	DAT	Zip Code	CURRED	S	